Section 5: Submitting Claims to Medicaid

National Drug Code

Effective with date of service December 28, 2007, N.C. DMA will require that claims for all drugs administered in a physician office or clinic, or by certified dialysis providers, include the National Drug Code (NDC). All providers affected by this change must implement a process to record and maintain the National Drug Code(s) and quantity(ies) of the drug(s) administered to the patient. Refer to the *National Drug Code Implementation* special bulletin (linked from http://www.ncdhhs.gov/dma/bulletin.htm#special; issued October 2007 and revised January 2008) for more detailed information on these requirements.

Time Limits for Filing Claims

All Medicaid claims, except inpatient claims and nursing facility claims, must be received by EDS within 365 days of the **first date** of service in order to be accepted for processing and payment. All Medicaid hospital inpatient and nursing facility claims must be received within 365 days of the **last date** of service on the claim.

Submitting Claims on Paper

When completing the paper claim form, use black ink only. Do not submit carbon copies or photocopies, and do not highlight the claim or any portion of the claim. For auditing purposes, all claim information must be visible in an archive copy. EDS uses optical scanning technology to store an electronic image of the claim, and the scanners cannot detect carbon copies, photocopies, or any color of ink other than black. Carbon copies, photocopies, and claims containing a color of ink other than black, including highlighting, will not be processed and will be returned to the provider.

Processing Paper Claims without a Signature

Providers are allowed to file **paper** claims without an original signature on each claim if the provider submits a **Provider Certification for Signature on File** form. (Providers who file claims electronically are not required to complete this form. Refer to **Submitting Claims Electronically** below.) Please note that out-of-state providers (providers more than 40 miles from the North Carolina border) are required to have a signature on the claim.

Forms that must be signed must contain the provider's original signature; stamped signatures are not accepted. For group physician/practitioner practices or clinics, each attending provider must sign a certification. Groups whose claims do not require an attending provider number—such as home health agencies, hospitals, and facilities (including adult care)—should have the certification signed by an individual who has authority to sign contracts on behalf of the provider.

To avoid EOB 1350 denials (which indicate that a **Provider Certification for Signature on File form** has not been submitted), please contact EDS Provider Services at 1-800-688-6696 or 919-851-8888 prior to submitting claims to verify that the system has been updated.

A copy of the form is available in **Appendix G** or on the DMA Web site at http://www.ncdhhs.gov/dma/Forms/pc.pdf. Fax or mail completed certifications two weeks in advance of submitting claims without a signature.

5-1

Submitting Claims Electronically

Providers who plan to submit claims electronically must indicate their intention to do so by agreeing to abide by the conditions for electronic submission outlined in the Electronic Claims Submission Agreement.

The process of submitting claims to Medicaid through electronic media is referred to as electronic commerce services. EDS will process claims submitted through file transfer protocol and asynchronous dial-up.

Billing electronically requires software that complies with the transaction standards mandated by HIPAA. Refer to **Section 10, Electronic Commerce Services**, for additional information about electronic billing and ECS services.

The rest of this section will focus on paper claim submission.

Billing on the CMS-1500 (08/05) Claim Form

Listed below are some of the provider types who bill Medicaid using the CMS-1500 claim form:

Ambulatory surgery center*

Audiology or speech pathology, physical therapy, occupational therapy, and psychological services, case management

services (DSS)

Certified registered nurse anesthetist*

Chiropractor*

Community Alternatives Program
Durable medical equipment*
Federally qualified health center*
Free standing birthing center*

-- . . .

Head Start

Health department Hearing aid dealer

HIV case management Home infusion therapy

Independent diagnostic testing facility*

Independent laboratory*

Independent mental health provider

Independent practitioner Local education agency Mental health center Nurse midwife* Nurse practitioner* Optical supply dealer

Optometrist*

Orthotics and prosthetics* Personal care services

Physician*

Planned Parenthood (non-medical doctor)*

Podiatrist*
Portable X-ray

Private duty nursing services Residential evaluation services

Rural health clinic**

Medicaid special bulletins are available on DMA's Web site at http://www.ncdhhs.gov/dma/bulletin.htm#special.

Note: Before billing, please refer to program-specific instructions for completing a claim. These are available on DMA's Web site at: http://www.ncdhhs.gov/dma/mp/mpindex.htm. Please note claim form information in **Appendix G.**

Billing on the UB-04 Claim Form

Listed below are some of the provider types who bill on the UB-04 claim form:

- Adult care home
- Ambulance
- Area mental health center

^{*}Some provider types are mandated to bill Medicaid using modifiers. Please refer to the **April 1999 Special Bulletin II**, *Modifiers*, for Medicaid modifier usage guidelines.

^{**}Modifier usage is subject to non-core services only.

- Dialysis facility
- Home health agency
- Hospice
- Hospital
- Intermediate care facility for mental retardation
- Nursing facility
- Psychiatric residential treatment facility
- Residential child care facility (Level II, III, and IV)

Billing on the ADA 2006 Claim Form

Listed below are some of the provider types who bill on the American Dental Association (ADA) claim form:

- Dentist
- Federally qualified health center (dental services only)
- Health department dental clinic (dental services only)
- Rural health clinic (dental services only)

Refer to Clinical Coverage Policy #4, *Dental Services*, on DMA's Web site at http://www.ncdhhs.gov/dma/dental.htm, for instructions on completing the ADA claim form.

New Claim Form Instructions

The following is an updated reprint of a North Carolina Medicaid Special Bulletin issued in December 2006 and revised in June 2007.

The CMS-1500 (12/90), the UB-92 and the American Dental Association (ADA) 2002 paper forms have been revised and will be replaced with the new CMS-1500 (08/05), the UB-04 and the ADA 2006 claim forms, respectively. Medicaid is now accepting the new claim forms. The intent of this bulletin is to address claim form changes only. **N.C. Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA.** For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

Claim form		Claims must be submitted on
	forms.	the new format no later than:
CMS-1500 (08/05)		July 1, 2007
UB-04		April 25, 2008
ADA 2006		November 15, 2007

The revised paper claim forms coincide with the implementation of the National Provider Identifier (NPI) as the standard unique health identifier for providers (see http://www.ncdhhs.gov/dma/NPI.htm for more information). Each form contains specific changes that will affect Medicaid claims processing, and specific time periods within which particular information must be submitted. Explanation of Benefits (EOB) verbiage will be changing to reflect the use of the revised paper claim formats. Please carefully review the Medicaid-related guidelines in this Bulletin.

Definitions

CA PCP: Carolina ACCESS Primary Care Physician

Qualifier: Identifies whether the number to the immediate right on the claim represents a Medicaid provider number (1D for CMS 1500 and G2 for UB04) or a taxonomy code (ZZ for CMS 1500 and B3 for UB04).

For definitions regarding NPI, refer to Section 11, NPI for more information.

Overview of Claim Form Changes

Pending NPI implementation, continue to bill using your Medicaid Provider Number.

The following table provides a brief overview of changes for all claim forms. These changes will affect claims processing. Explanations of these changes and definitions of terms will be provided in the following pages.

UB-04	CMS-1500	ADA
Carolina ACCESS NPI or	Carolina ACCESS NPI or	NPI—Billing and Attending
Medicaid Provider Number	Medicaid Provider Number	
No Signature field	NPI—Billing, Attending or	Taxonomy—Billing and
	Referring	Attending
NPI—Billing, Attending and	Qualifier 1D and ZZ	ZIP + 4 Code for Service
Referring		Facility Location and Billing
		Location
Payer Code	Taxonomy—Billing,	Medicaid Billing Provider
	Attending	Number for Prior Approval
		Purposes only.
Qualifier B3 and G2	ZIP + 4 Code for Service	
	Facility Location and Billing	
	Location	
Taxonomy—Billing		
Value Codes		
ZIP + 4 Code for Service		
Facility Location and Billing		
Location		

Claim Form Instructions

Because providers are allowed to submit both Medicaid provider information *and* NPI information on claims during the transition period, there are two claim examples for each claim form: one for revised claim transition and one for NPI implementation. Refer to NPI publications for NPI implementation dates.

CMS-1500 (08/05) Changes Effective Jan. 1, 2007: Revised Claim Transition

Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the National Uniform Claim Committee (NUCC). The NUCC instruction manual can be found at www.nucc.org. N.C. Medicaid programs and policies are addressed separately and maintained by the authorized s of DMA. For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at https://www.ncdhhs.gov/dma/mp/mpindex.htm.

• Field 17a: Enter either the referring provider (the Medicaid provider number) or CA PCP provider number for claims requiring CA authorization (the Medicaid provider number) or the CA ACCESS override number assigned by EDS in the shaded field 17a. Qualifier

- 1D <u>must</u> precede either of these numbers in the delimited block immediately to the right of the field identifier "17a."
- Field 17b: The referring provider's NPI or CA PCP NPI for claims requiring CA authorization may be entered in this field. N.C. Medicaid requests that providers immediately start submitting the NPI in addition to the Medicaid provider number.
- Fields 24i and 24j, Attending Provider Number: If the procedure requires an attending provider number, the attending number must be entered.
 - Field 24j NPI (lower portion of the field): The attending provider's NPI may be entered in this field. N.C. Medicaid requests that providers immediately start submitting the NPI.
 - o Fields 24i and 24j (upper shaded portion of the field): Enter qualifier 1D in field 24i and the attending provider's Medicaid number in 24j. After NPI implementation enter the taxonomy code in 24j with qualifier ZZ in 24i (During transition, taxonomy is not required).
- Field 32, Service Facility Location: Address where service was rendered, including ZIP + 4 Code.
- Field 33, Billing Provider Information: Provider address must include ZIP + 4 Code.
- Field 33a: Enter the Medicaid billing provider's NPI. N.C. Medicaid requests that providers immediately start submitting the NPI
- Field 33b: Enter the Medicaid number, preceded by qualifier 1D. (This field is not specifically delimited.) It is not necessary to enter a space between qualifier 1D and the Medicaid number. After NPI implementation the taxonomy code with qualifier ZZ should be entered (During transition, taxonomy is not required).

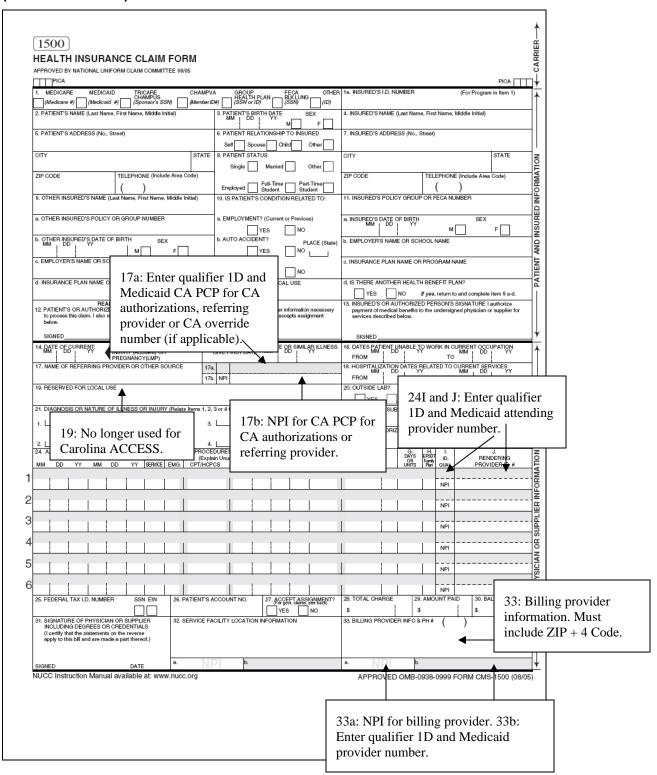
CMS-1500 (08/05) Form Instructions for Field Changes Effective Jan. 1, 2007

Instructions for completing the standard CMS-1500 claim form as it relates to the claim form field changes are listed below. Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by NUCC. The NUCC instruction manual can be found at www.nucc.org. Refer to NPI publications for NPI implementation dates. N.C. Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

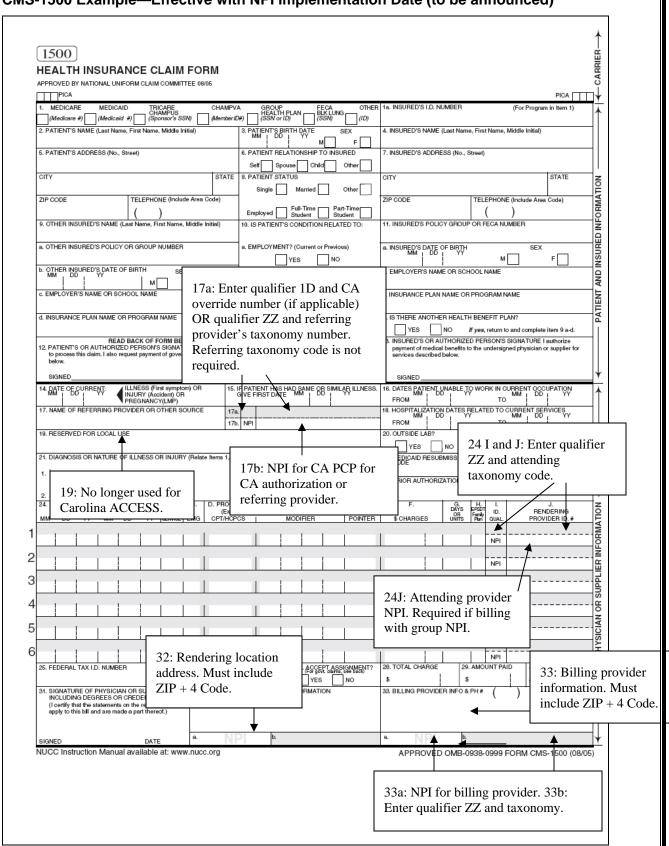
Block	Block Name	Explanation
17.	Name of Referring Provider	Use for referring provider's name.
	or Other Source	
17a.	Other ID Number	Use for CA override or Medicaid provider number
		(for CA authorization) with qualifier 1D, or taxonomy
		code with qualifier ZZ. During transition, taxonomy is
		not required.
17b.	NPI	Use for referring provider NPI or Carolina ACCESS
10		PCP's NPI for CA authorization.
19.	Reserved for Local Use	Please be aware that Medicaid will no longer use
247 (0 110	block 19 for Carolina ACCESS.
24I. (upper	Qualifier	Enter qualifier 1D if entering Medicaid provider
shaded		number or ZZ if entering taxonomy. During transition,
portion)	- · · · · · · · · · · · · · · · · · · ·	taxonomy is not required.
24J. (upper	Rendering Provider ID	Enter Medicaid attending provider number or
shaded	Number	taxonomy. During transition, taxonomy is not
portion)		required.
24J. (lower	Rendering provider ID	Enter attending provider NPI.
unshaded	number	
portion)		7 1 572 16 1
32.	Service Facility Location	Enter the ZIP + 4 Code.
22	Information	
33.	Billing Provider Info and	Enter the billing provider's name, street address
22	Phone Number	including ZIP + 4 Code and phone number.
33a.	NPI	Enter the billing provider's NPI.
33b.	Other ID Number	Enter the Medicaid provider number with 1D qualifier
		or taxonomy with ZZ qualifier. During transition,
		taxonomy is not required.

Note: Quick Reference Guides for Carolina ACCESS Provider on pages 18-21

CMS 1500 Example—Effective January 1, 2007, through NPI Implementation Date (to be announced)



CMS-1500 Example—Effective with NPI Implementation Date (to be announced)



UB-04 Changes Effective March 1, 2007: Revised Claim Transition

Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the National Uniform Billing Committee (NUBC). The NUBC instruction manual can be found at www.nubc.org. Refer to NPI publications for NPI implementation dates. Changes to N.C. Medicaid programs and policies related to the implementation of the UB-04 claim form will be addressed in separate bulletins. Information regarding N.C. Medicaid filing requirements and billing guidelines can be found at http://www.ncdhhs.gov/dma/mp/mpindex.htm.

- Form locator 1: Name and service facility location (address must include ZIP + 4 Code) of the provider
- Form locator 2: Billing name and address (address must include ZIP + 4 Code) for the payment if different than that of the provider in FL1.
- Form locators 39–41 (Value Codes): Use value codes to identify covered days (80), non-covered days (81), co-insurance days (82) and lifetime days (83). Refer to the UB-04 manual for other value code definitions.
- Form locator 56 (NPI): Billing provider's NPI. Enter the billing provider NPI. N.C. Medicaid requests that providers immediately start submitting the NPI with their Medicaid provider number.
- Form locator 57 (Other Payer ID): Enter the billing provider's Medicaid number on line A, B or C, to correspond with the Medicaid payer name.
- Form locator 76: (Attending provider): Enter the attending provider's NPI in the first space of this form locator, if applicable. Enter the attending provider's Medicaid provider number in the second space with qualifier G2, if applicable.
- Form locator 78 (Other): Enter qualifier DN for Referring Provider in the first space. The
 NPI of the CA PCP for claims requiring CA authorization or the referring provider may
 be entered in the second space identified as NPI. Enter either the CA PCP Medicaid
 provider number for claims requiring CA authorization, referring provider or the CA
 ACCESS override number assigned by EDS with qualifier G2 in the third and fourth
 space identified as QUAL field.
- Form locator 81 (Code-Code): Enter qualifier B3 and the billing provider taxonomy code. During transition, taxonomy is not required.

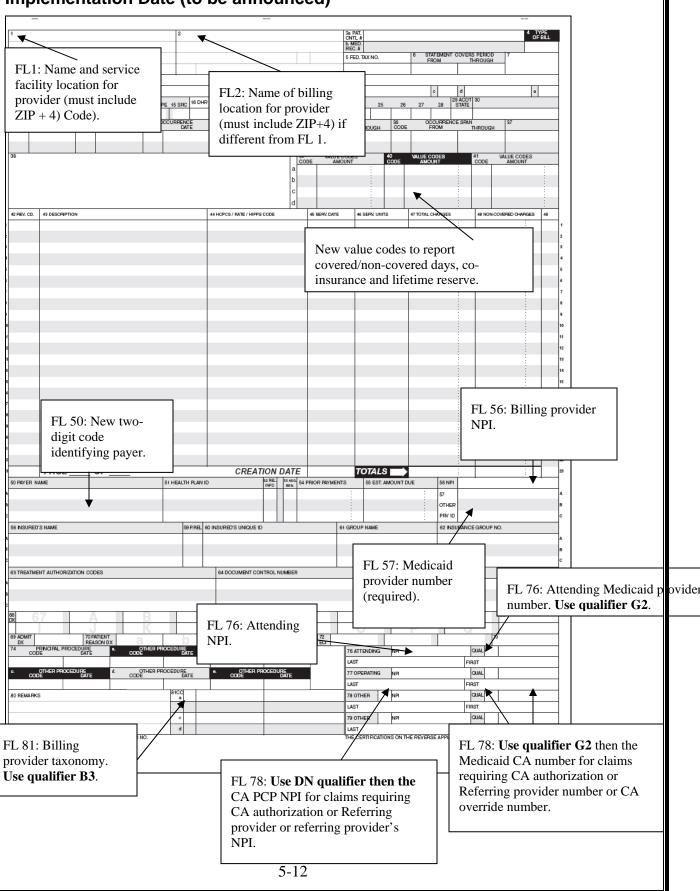
UB-04 Form Change Instructions

Instructions for completing the standard UB-04 claim form as it relates to the claim form field changes are listed below. These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by NUBC. The NUBC instruction manual can be found at www.nubc.org. Refer to NPI publications for NPI implementation dates. N.C. Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at https://www.ncdhhs.gov/dma/mp/mpindex.htm.

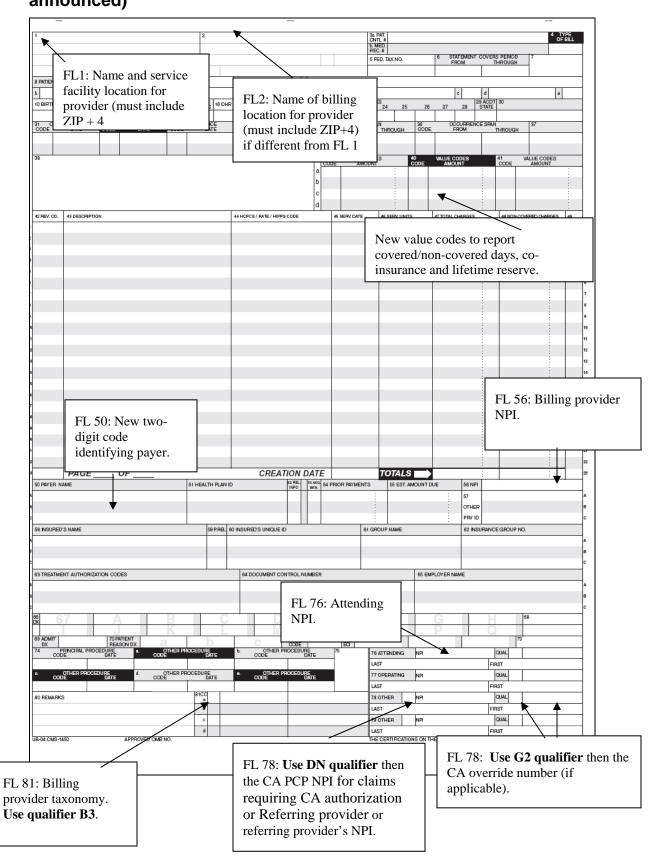
Form Locator/Description	Requirements	Explanation
1. Provider Name/Address/ City/State/Zip	Required	Enter the provider's name and the service facility location. The ZIP code must be in the ZIP + 4 format.
2.Pay-to Name/Address/ City/State/Zip	Required	Enter the provider's name and address (address must include ZIP + 4 Code) for the payment if different than that of the provider in FL1.
39.–41., a–d Value Codes and Amounts	Required, where applicable	80 Covered Days 81 Noncovered Days 82 Co-insurance Days 83 Lifetime Reserve Days N.C. Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at http://www.ncdhhs.gov/dma/mp/mpindex.htm
50. Payer Name	Required	Enter the name of the insurance payer and the two-character payer code. Payer Codes for N.C .Medicaid is Medicaid MC
56. NPI	Required	Enter your National Provider Identification number.
57. Other Provider ID	Required	Enter the Medicaid provider number without a qualifier
76. Attending Provider Information	Required, where applicable	Enter the attending provider's NPI or Medicaid provider number and G2 qualifier.
78. Carolina Access PCP/Referring Provider	Required, where applicable	Enter DN then the NPI for the CA PCP for claims requiring CA authorization or Referring provider if applicable. Enter the CA override or Medicaid provider number for claims requiring CA authorization or Referring provider with G2 qualifier, if applicable.
81. Code–Code Field	Required	Enter qualifier B3 and the Billing provider taxonomy code. During transition, taxonomy is not required.

Note: Quick Reference Guides for Carolina ACCESS Provider on pages 18-21

UB-04 Example—Effective March 1, 2007, through NPI Implementation Date (to be announced)



UB-04 Example—Effective with NPI Implementation Date (to be announced)



Instructions for the 2006 ADA Claim Form

Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the ADA. The ADA instruction manual can be found at www.ada.org. Refer to NPI publications for NPI implementation dates. N.C. Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at https://www.ncdhhs.gov/dma/mp/mpindex.htm.

ADA Changes Effective March 1, 2007: Revised Claim Transition

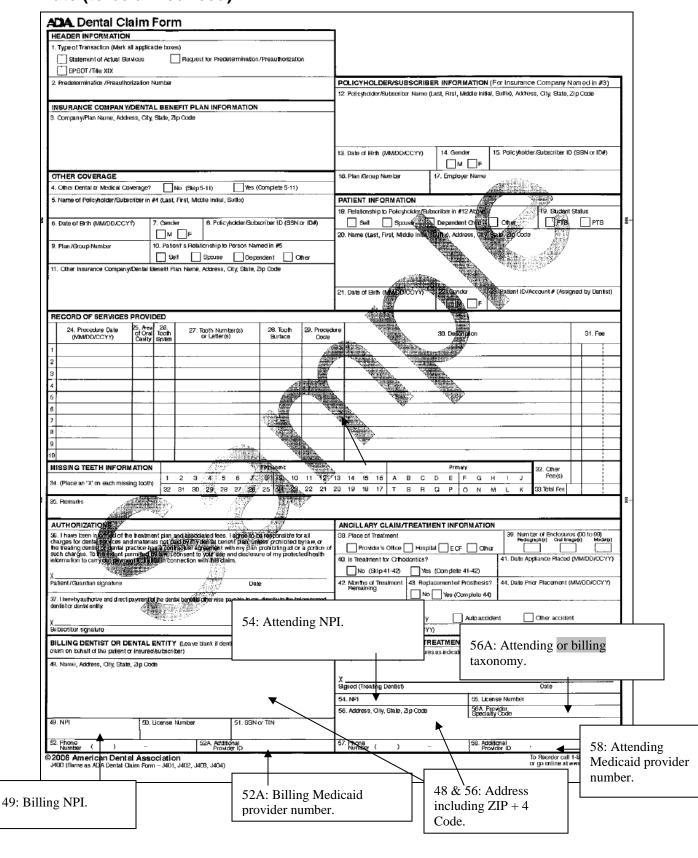
- Field 48 (Address): Enter the provider address information which must include the ZIP + 4 Code.
- Field 49 (NPI): Enter the billing provider's NPI number.
- Field 52A (Additional Provider ID): Enter the Medicaid billing provider number. After NPI implementation, the Medicaid billing provider number is required for prior approval purposes only.
- Field 54 (NPI): Enter the attending provider's NPI number.
- Field 56 (Address): Enter the provider address information which must include the ZIP + 4 Code.
- Field 56A (Provider Specialty Code): Enter the attending or billing provider's taxonomy code.
- Field 58 (Additional Provider ID): Enter the Medicaid attending provider number. After NPI implementation, the Medicaid attending provider number is no longer required and should not be entered on the request.

ADA Claim Form Instruction Changes

Instructions for the 2006 ADA Form as it relates to the claim form field changes are listed below. Please note: These instructions apply to N.C. Medicaid only and are not intended to replace instructions issued by the ADA. The ADA instruction manual can be found at www.ada.org. Refer to NPI publications for NPI implementation dates. N.C. Medicaid programs and policies are addressed separately and maintained by the authorized sections of DMA. For information related to claim filing requirements and billing guidelines, refer to N.C. Medicaid program information and policies, found at https://www.ncdhhs.gov/dma/mp/mpindex.htm.

Field Number	Field Name	Explanation
48	Billing Address, City, State, Zip Code	Enter the address, including ZIP + 4 Code.
49	NPI	Enter the billing provider's NPI.
52A	Additional Provider ID	Enter the Medicaid billing provider number. After NPI implementation, the Medicaid billing provider number is required for prior approval purposes only.
54	NPI	Enter the attending provider's NPI number for the individual dentist rendering the service. This number should correspond to the signature in field 53.
56	Address, City, State, Zip Code	Enter the address, including ZIP + 4 Code.
56A	Provider Specialty Code	Enter the attending or billing provider's taxonomy code.
58	Additional Provider ID	Enter the Medicaid attending provider number. After NPI implementation, the Medicaid attending provider number is no longer required and should not be entered on the request.

ADA Example—Effective March 1, 2007, through NPI Implementation Date (to be announced)



ADA Example—Effective with NPI Implementation Date (to be announced)

DA Dental Claim Form			
HEADER INFORMATION 1. Type of Transaction (Mark all applicable boxes)		1	
	Request for Predetermination/Preauthorization		
EPSOT/Title XIX			
2. Predetermination /Preauthorization Number		POLICYHOLDER/SUBSCRIBER INFORMATION (For Insurance Company Nam	
		12. Policyholder/Subscriber Name (Last, Brst, Middle hilial, Suffix), Address, City, State, Zip	Code
NSURANCE COMPANY/DENTAL BENEFI		-	- 1
. Company/Plan Name, Address, City, State, Zip C	AME		
			i i
		13. Date of Einth (MMADD/CCYY) 14. Gender 15. Policyholder/Subscriber ID (S	SSN or ID#)
		F	
OTHER COVERAGE		16. Plan /Group Number 17. Employer Name	
	(Skip 5-11) Yes (Complete 5-11)	AND CONTROL OF THE PARTY OF THE	
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Date of Birth (MM/DD/CCYY) 7. Cender	8. Policyholder/Subscriber ID (SSN or ID#)	Sell Spuss Dependent College Cher F78	PTS E
,	_	20. Name (Last, First, Middle Inhia) 20, No., Address, CIV State 210 Code	
9. Plan /Group Number 10. Patent's	s Relationship to Person Named in #5		
Salf	Spouse Dependent Other		
Other Insurance Company/Dental Benefit Plan	Name, Address, City, State, Zip Code	433	
		21. Date of Birth (hand D/CCYY) 22 Cander 25 Ration I D/Account # (Assigned	d by Dentist)
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RECORD OF SERVICES PROVIDED			\dashv
24. Procedure Date 25. Area 26. of Oral Tooth	27. Tooth Number(s) 28. Tooth 29. Proce		31. Fee
(MM/DD/CCYY) Cavity System	or Letter(s) Surface Code) Seeman	31.168
 			
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1 2		A. Primary 32. Other Fee(s)	
4. (Place an 'X' on each missing tooth) 32 31	1 30 29 28 27 38 25 34 23 22 21	20 19 18 17 T S R Q P O N M L K 33.Total Fee	i
6. Remarks	915-95/100		g.
		T	
AUTHORIZATIONS	(appropriate the state of the s	ANCILLARY CLAIM/TREATMENT INFORMATION 39. Number of Enclosures (Redograph(s) Out Inapple	DO (0.99)
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	50 50 10 10 10 10 10 10 10 10 10 10 10 10 10	No (Skip.41-42)	
atient/Guardian signature	Date	42. Months of Treatment 43. Replacement of Prosthesis? 44. Date Prior Placement (MM Remaining	WDD/CCYY)
7. I hereby authorize and direct paymention he dental b	papalis differ vise payable to me, directly to the below named	No Yes (Complete 44)	
enlist or dental enlity.	To produce (T. 1) ** Whatever (C. 1) Whatever	45. Treatment Resulting from Occupational illness/injury Auto-accident Other accident	
u becriber signature	Date	46. Date of Accident (MM/DD/CCYY) 47. Auto Accident 47. Auto Accident 48.	State
		DENTIST AND TREATMENT LOCATION INFORMATION	-
ILLING DENTIST OR DENTAL ENTITY #	54: Attending NPI. Requi	ired if lily that the procedu	
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aim on behalf of the patient or insured subscriber)		Joa. Attending of billing to	axonomy.
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am on bohalf of the patient or insured bubscriber) 8. Name, Address, City, State, Zip Code 9. NPI	billing with group NPI. 51. SSNor TIN 52A Additional Provider to	Sugned staring Dentist) 54. NP1 55. License Number 56. Address, City, State, 2p Code 56. Address 48 & 56: Address including ZIP + 4	900-947-4746
9 NPI 50. License Number (2006 American Rental Association 400 (Sar	billing with group NPI. 51. SSN or TEN 52A. Additional Provider ID 602. J403. J404 52A: Billing	Starting Dentist) 54. NPI 55. Address, City, State, 2p Code 56. Appropriate Specialty Code 57. Phone 48 & 56: Address including ZIP + 4 Code	900-947-4746
9 NPI 50. License Num 2. Phono Committee Commi	billing with group NPI. S2A additional Fronter to	Signed earing Dentist) 54. NPI 56. Address, City, State, 2p Code 56. Address 56. Address To Placeder call 1-8 or go online at www. 10. Code.	900-947-4746
9. NPI 50. License Num 2. Phono Number () - 2006 American Cental Association 49: Billing	billing with group NPI. S2A ACSTRONAL S2A ACSTRONAL S2A ACSTRONAL S2A: Billing Medicaid provide number, for prior	Signed staring Dentist) 54. NPI 56. Address, City, State, 2p Code 56A Fign-light Specialty	900-947-4746
9 NPI 50. License Num 2. Phono Committee Commi	billing with group NPI. SEA ACTRONAL SEA ACTRO	Signed staring Dentist) 54. NPI 56. Address, City, State, 2p Code 56A Fign-light Specialty	900-947-4746
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Quick Reference Guides for Carolina ACCESS Providers

Significant changes regarding the placement of Carolina ACCESS information have occurred on both the CMS-1500 and the UB-04 claim forms. Outlined below are specific timeframes and requirements for recording Carolina ACCESS PCP numbers, Carolina ACCESS overrides and referring provider information on the claim. Please make note of these filing requirements.

CMS-1500 (08/05) Claims Processed with CA PCP Authorization and/or CA Override—Transition Dates: Jan. 1, 2007, until NPI implementation

Effective July 1, 2007, providers must submit on the new CMS-1500 (08/05) claim form. Providers filing on the new CMS-1500 (08/05) claim form must follow the process below for claims received from Jan. 1, 2007, until NPI implementation.

Block	Block Name	Required	Value	Explanation
DIOCK	DIOCK I VAINE	Field	v aruc	Dapianation
		Yes / No		
17	Name of	No		
	Referring			
	Provider			
17a	Qualifier	Yes	1D	Qualifier 1D represents
(smaller				Medicaid provider number.
shaded box)				_
17a	PCP Referral	Yes	Medicaid	Enter the CA PCP referral
(larger	Number or CA		Provider # or	number (Medicaid provider
shaded box)	Override		CA Override #	number) or the CA override
	Number			number assigned by EDS.
17b	NPI (National	No	NPI Number	The CA referral information
	Provider			is processed from block 17a.
	Identifier)			

CMS-1500 (08/05) Claims Processed with CA PCP Authorization—Effective with NPI Implementation

Block	Block Name	Required Field	Value	Explanation
		Yes / No		
17	Name of	No		
	Referring			
	Provider			
17a	Qualifier	No		
(smaller				
shaded				
box)				
17a	Taxonomy	No		
(larger	Number of			
shaded	Referring			
box)	Provider			
17b	NPI	Yes	CA referring	This is a required field.
			provider's NPI	_
			number	

Note: If any value is entered in field 17a other than ZZ or blank, the claim will deny. If you enter a ZZ qualifier in field 17a you must enter the taxonomy number in field 17a or the claim will deny.

CMS-1500 (08/05) Claims Processed with CA Override—Effective with NPI implementation

Block	Block Name	Required Field Yes / No	Value	Explanation
17	Name of Referring Provider	No		
17a (smaller shaded box)	Qualifier	Yes	1D	Qualifier 1D represents Medicaid provider number. If any other value is entered, the claim will be denied.
17a (larger shaded box)	CA Override Number	Yes	EDS-issued override number	
17b	NPI	No		Will not have NPI of referring provider.

UB-04 Claims Processed with CA PCP Authorization/Referral or CA Override; Effective March 1, 2007, through NPI implementation

Providers filing on the new UB-04 claim form must follow the process below for claims received from March 1 until NPI implementation. **Form Locator Description** Required Value **Explanation** Field Yes / No 78 (blank field 1) Provider Type Yes DN DN indicates referring provider. **Oualifier Code** 78 (blank field 2) NPI No 78 (blank field 3) Qualifier Yes G2 Qualifier G2 represents Medicaid provider number. If any other value is entered, the claim will be denied. Yes 78 (blank field 4) PCP Referral Medicaid Enter the current CA PCP number Number or CA provider # or (Medicaid provider #) or the CA Override EDS-issued CA override number assigned by EDS. override# Number 78 (blank field 5) Last Name of No Last Referring Provider 78 (blank field 6) First Name of No First Referring Provider

UB-04 CA Claims Processed with PCP Authorization/Referral—Effective with NPI Implementation

Form Locator	Description	Required Field Yes / No	Value	Explanation
78 (blank field 1)	Provider Type Qualifier Code	Yes	DN	DN indicates referring provider.
78 (blank field 2)	NPI	Yes	CA referring provider's NPI number	This is a required field.
78 (blank field 3)	Qualifier	No		
78 (blank field 4)	Other Provider Identifier of Referring Provider	No		
78 (blank field 5) Last	Last Name of Referring Provider	No		
78 (blank field 6) First	First Name of Referring Provider	No		

UB-04 CA Claims Processed with CA Override Number—Effective with NPI Implementation

Form Locator	Description	Required Field Yes / No	Value	Explanation
78(blank field 1)	Provider Type Qualifier Code	Yes	DN	DN indicates referring provider.
78 (blank field 2)	NPI	No		
78 (blank field 3)	Qualifier	Yes	G2	Qualifier G2 represents Medicaid provider number. If any other value is entered, the claim will be denied.
78 (blank field 4)	CA Override Number	Yes	EDS-issued override number	
78 (blank field 5) Last	Last Name of Referring Provider	No		
78 (blank field 6) First	First Name of Referring Provider	No		